



APPLICATION FOR VARIANCE

State Form 44400 (R5 / 10-10)

Approved by State Board of Accounts 2008

INDIANA DEPARTMENT OF HOMELAND SECURITY
CODE SERVICES SECTION
402 West Washington Street, Room W246
Indianapolis, IN 46204-2739
http://www.in.gov/dhs/fire/fp_bs_comm_code/



INSTRUCTION: Please refer to the attached four (4) page instructions.
Attach additional pages as needed to complete this application.

Variance number (Assigned by department)

14-12-04

1. APPLICANT INFORMATION (Person who would be in violation if variance is not granted; usually this is the owner)

Name of the applicant Gloria Jackson	Title
Name of organization Sunset Harbor, Inc.	Telephone number (812) 235-6079
Address (number and street, city, state, and ZIP code) 19 S. 6th Street, Terre Haute, IN 47807	

2. PERSON SUBMITTING APPLICATION ON BEHALF OF THE APPLICANT (If not submitted by the applicant)

Name of person on behalf of the applicant Matt Delks	Title Sr. Sales Consultant
Name of organization Kone Inc.	Telephone number (317) 788-0061
Address (number and street, city, state, and ZIP code) 5201 Park Emerson Drive Suite O, Indianapolis, IN 46203	

3. DESIGN PROFESSIONAL OF RECORD (If applicable)

Name of design professional	License number
Name of organization	Telephone number ()
Address (number and street, city, state, and ZIP code)	

4. PROJECT IDENTIFICATION

Name of project Sycamore Building	State project number	County Vigo
Site address (number and street, city, state, and ZIP code) 19 S. 6th Street, Terre Haute, IN 47807		
Type of project: <input type="checkbox"/> New <input type="checkbox"/> Addition <input checked="" type="checkbox"/> Alteration <input type="checkbox"/> Change of occupancy <input checked="" type="checkbox"/> Existing		

5. REQUIRED ADDITIONAL INFORMATION

The following required information has been included with this application (check as applicable):

- ☒ A check made payable to the Indiana Department of Homeland Security for the appropriate amount. (see instructions)
- ☒ One (1) set of plans or drawings and supporting data that describe the area affected by the requested variance and any proposed alternatives.
- ☒ Written documentation showing that the local fire official has received a copy of the variance application.
- ☒ Written documentation showing that the local building official has received a copy of the variance application.

6. VIOLATION INFORMATION

Has the Plan Review Section of the Division of Fire & Building Safety issued a Correction Order?

☐ Yes (if yes, attach a copy of the Correction Order) ☒ No

Has a violation been issued? ☐ Yes (if yes, attach a copy of the Violation and answer the following) ☒ No

Violation issued by: ☐ Local Building Department ☐ State Fire and Building Code Enforcement Section
☐ Local Fire Department

7. DESCRIPTION OF REQUESTED VARIANCE

Name of code or standard and edition involved

2007 Indiana Elevator Code (ASME A17.1-2007)

Specific code section

Section 2.1

Nature of non-compliance (include a description of spaces, equipment, etc. involved as necessary)

Existing elevator hoistway is constructed with windows (located to the exterior of the building). We are requesting that there be no modification requirements due to the pre-existing nature of the 100 year old elevator hoistway as a result of an elevator modernization.

8. DEMONSTRATION THAT PUBLIC HEALTH, SAFETY, AND WELFARE WILL BE PROTECTED

Select one of the following statements:

- ☒ Non-compliance with the rule will not be adverse to the public health, safety or welfare; or
- ☐ Applicant will undertake alternative actions in lieu of compliance with the rule to ensure that granting of the variance will not be adverse to public health, safety, or welfare. Explain why alternative actions would be adequate (*be specific*).

Facts demonstrating that the above selected statement is true:

The elevator hoistway has existed for roughly 100 years with no known documented safety concerns due to the windows in place throughout the elevator hoistway.

9. DEMONSTRATION OF UNDUE HARDSHIP OR HISTORICALLY SIGNIFICANT STRUCTURE

Select at least one of the following statements:

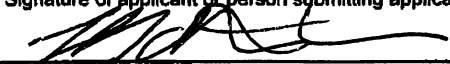
- ☐ Imposition of the rule would result in an undue hardship (*unusual difficulty*) because of physical limitations of the construction site or its utility services.
- ☐ Imposition of the rule would result in an undue hardship (*unusual difficulty*) because of major operational problems in the use of the building or structure.
- ☒ Imposition of the rule would result in an undue hardship (*unusual difficulty*) because of excessive costs of additional or altered construction elements.
- ☒ Imposition of the rule would prevent the preservation of an architecturally or a historically significant part of the building or structure.

Facts demonstrating that the above selected statement is true:

Eliminating the existing elevator hoistway windows located on the exterior of the building would be very costly to the Owner and diminish the aesthetics of the historical downtown Sycamore Building in Terre Haute, IN.

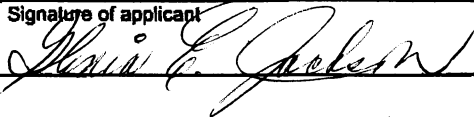
10. STATEMENT OF ACCURACY

I hereby certify under penalty of perjury that the information contained in this application is accurate.

Signature of applicant or person submitting application 	Please print name Matt Delks	Date of signature (month, day, year) 10/21/14
Signature of design professional (if applicable)	Please print name	Date of signature (month, day, year)

11. STATEMENT OF AWARENESS (If the application is submitted on the applicant's behalf, the applicant must sign the following statement)

I hereby certify under penalty of perjury that I am aware of this request for variance and that this application is being submitted on my behalf.

Signature of applicant 	Please print name GLORIA E. JACKSON	Date of signature (month, day, year) 10/16/2014
---	---	---

